

## Physician licensing requirements: How the FPMLA is striving for uniformity in Canada

By Dr. W. G. McClure

The Federation of Provincial Medical Licensing Authorities of Canada —La Fédération des Ordres des Médecins des Provinces du Canada, was formed in 1968 and recently held its fifth annual meeting in Quebec City. Its constituted members are the ten provincial licensing authorities (Colleges of Physicians and Surgeons and Provincial Medical Boards). Each licensing authority is entitled to two representatives at the Federation meetings, one of whom shall be the provincial registrar, the other a member of the council or the board. Decisions of the Federation are not binding on its constituent members.

The initial objective of the Federation was to achieve some degree of uniformity in medical licensing across the country. It must be appreciated that six out of the ten provinces have some form of reciprocity with the General Medical Council of Great Britain and two or three out of the ten now endorse the National Boards of the United States. This gives rise to a situation where a practitioner may practise for some years in one part of the country but not be eligible for licensure in another. However, prior to the efforts of the Federation in 1969 and 1970, a doctor registered for practice in a province was eligible to write the Medical Council of Canada examinations.

With the LMCC, he or she might then apply to another province for registration. This was an embarrassment to some because all the provinces wished to accept the Medical Council's examinations as a Dominion licensing examination, yet some of the licentiates did not fulfill all the provinces' requirements for such things as internship or residency training. Provincial registration now does not carry with it the right

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to take the Medical Council examinations and the Federation has succeeded in establishing uniform requirements acceptable to all provinces for eligibility (i.e. an Enabling Certificate) to take the examinations.

Another area that occupied a good deal of the Federation's time was consideration of the undergraduate clinical clerkship and straight internship as proposed by the educators.

This concept was accepted with some reservations, but in principle, the Federation succeeded in getting unanimity of opinion from the licensing bodies to accept the clinical clerkship and straight internship for purpose of licensing. This matter continues to be reviewed and it is likely there will be changes in the training requirements in this regard in the not too distant future.

The Federation has divided all applicants for medical registration into two categories and, as a result, has been subjected to some claims and accusations of discrimination. In Category I, are medical graduates of Canada, the U.S., the U.K. (including holders of the conjoint diploma), Eire, South Africa, Australia and New Zealand. In Category II are medical graduates of medical schools recognized by the World Health Organization in all other countries of the world. In this category too, are placed those holding apothecary qualifications of England and Ireland. Obviously there are first class schools within Category II and there may be some second class schools within Category I. There may also be students with much above average qualifications graduated from Category II schools and the occasional below average students from Category I schools.

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clature, hospital usage and customs and many other factors. The Federation refuses to be placed in a judgmental position as to the relative merits of various medical schools. The World Health Organization attempted to have teams visit medical schools all over the world to come to a conclusion as to the standard of education within those schools. The task was literally found to be impossible and WHO settled for publication of a World Directory of Medical Schools, giving statistical information about all schools without any attempt to classify them. The licensing bodies are convinced that applicants from Category II schools do require additional postgraduate training in order to familiarize themselves with Canadian medicine and also so that competency, integrity, character etc.

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may be assessed by teachers within known training programmes. After a requisite period of satisfactory postgraduate training, the individual is eligible to apply for an Enabling Certificate to write the Medical Council examinations and if successful in these, eligible to apply to the province of his choice for medical registration.

The Category I candidate has to satisfy the province's training requirements and then, if not already in possession of the LMCC, and enjoying no privileges of reciprocity or endorsement, must pass the examinations of the Medical Council of Canada to be eligible to apply for registration in the province of his or

her choice. It goes without saying that any applicant must satisfy the provincial licensing authority as to good character, good experience, good professional conduct, satisfactory evidence of identification and qualifications, and legal right to reside in Canada.

Category II candidates require two years hospital training in Canada or the United States, one year of which must be a rotating internship in a CMA approved hospital or in a university affiliated hospital in the United States; and one of which must be in the province from which the applicant wishes to obtain an Enabling Certificate. One of the two years hospital training may be a residency done in a hospital in Canada or in the United States which has full affiliation with the university and is approved by the Royal College of Physicians and Surgeons of Canada. If an applicant is the holder of Certification by, or Fellowship of the Royal College of Physicians and Surgeons of Canada, the internship requirements may be waived.

In summary then, graduates of medical schools in Canada, the U.S., the U.K., Eire, South Africa, Australia and New Zealand, who have completed an internship satisfactory to the provincial licensing authorities, are eligible to apply in all provinces for medical registration once they have the LMCC. Some of the provinces have limited reciprocal arrangements with the GMC of Great Britain, or endorse certain examinations of the U.S., thus obviating the requirements of the LMCC for registration. Graduates from medical schools coming under Category II must undergo two years of approved hospital training, as previously detailed in this article, before being eligible to take the Medical Council of Canada examinations leading to the LMCC. This article is meant to give general understanding of the medical licensing requirements across Canada: interested applicants for Enabling Certificates or licensure are strongly advised to write to the provincial medical licensing authority of their choice, giving details of training and qualifications and so determine eligibility for that province.

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